



Pre-Entry Application Form

Please fill out this form honestly and thoroughly. All information will be kept confidential and used to support your recovery journey.

Personal Information

1. Full Name:

2. Date of Birth:

3. Gender:

☐ Male

☐ Female

☐ Other: _____

4. Phone Number:

5. Email Address:

6. Current Address:



Emergency Contact

1. Full Name:

2. Relationship:

3. Phone Number:

4. Alternate Phone Number:

Recovery Information

1. Are you currently in recovery?

☐ Yes

☐ No

2. Primary addiction(s) (substance/behavior):

3. Length of sobriety:

4. Are you currently attending any recovery programs (AA, NA, therapy, etc.)?

☐ Yes

☐ No

If yes, please provide details:

5. Have you been in a sober living home before?

☐ Yes

☐ No

If yes, please provide details:



Health and Medical History

1. Do you have any physical or mental health conditions we should be aware of?

☐ Yes

☐ No

If yes, please explain:

2. Are you currently taking any medications?

☐ Yes

☐ No

If yes, please list:

3. Do you have a primary care physician?

☐ Yes

☐ No

Physician's Name and Contact Information:

Legal History

1. Do you have any pending legal issues or probation requirements?

☐ Yes

☐ No

If yes, please explain:

2. Are you required to stay in a sober living home as part of a court order?

☐ Yes

☐ No



Employment and Education

1. Are you currently employed?

☐ Yes

☐ No

If yes, please provide employer details:

Part-time or Full-time?

2. Are you pursuing education or training?

☐ Yes

☐ No

If yes, please provide details:

Addiction History

1. Current recovery date:
-

2. Drug of choice (check all that apply and list specific forms):

☐ Alcohol (Type: _____)

☐ Amphetamines (Type: _____)

☐ Benzodiazepines (Type: _____)

☐ Cocaine (Type: _____)

☐ Hallucinogens (Type: _____)

☐ Marijuana (Type: _____)

☐ Opiates (Type: _____)

☐ Other (Type: _____)

3. Have you ever relapsed?

☐ Yes

☐ No

If yes, how many times? _____



4. Age you began using:

Living Situation

1. In the past 30 days, where have you lived most of the time?

- ☐ My own home/apartment
 - ☐ Someone else's home/apartment
 - ☐ Medical, treatment, or residential recovery setting
 - ☐ Jail, prison, or correctional setting
 - ☐ Shelter or temporary housing
 - ☐ Outdoors/on the streets
 - ☐ Other: _____
-

Personal Goals and Challenges

1. What are your top three goals for living in a sober living home?

- a. _____
- b. _____
- c. _____

2. What motivated you to choose these goals?

3. What challenges do you anticipate in maintaining your sobriety?

4. How can our staff and residents best support you in your recovery?



Additional Information

1. Who suggested you come here?
 - ☐ Family/Friend
 - ☐ Employer/Coworker
 - ☐ Treatment/human services professional (Name: _____)
 - ☐ Representative of the courts/judicial system (Name: _____)
 - ☐ No one
 - ☐ Other: _____
2. How long have you been drug and alcohol-free?
 - ☐ Less than a month (How many days? _____)
 - ☐ One to three months
 - ☐ Four to six months
 - ☐ Seven months to a year
 - ☐ More than one year
3. Are you currently attending self-help or recovery support groups?
 - ☐ Yes (What type? _____; How many? _____)
 - ☐ No
4. How would you rate your quality of life?
 - ☐ Very poor
 - ☐ Poor
 - ☐ Neither poor nor good
 - ☐ Good
 - ☐ Very good
5. What else would be helpful for us to know about you to best serve you?

House Rules Acknowledgment

- ☐ I acknowledge that I have received, read, and understand the rules and expectations of the sober living home.
- ☐ I agree to abide by all house rules and participate in the recovery-focused environment.



Signature: _____ Date: _____

For Office Use Only

- Resident ID: _____
- Move-in Date: _____